

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-013925-**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. \_\_\_\_\_

Registrar's No. 26

**FILED MAR 28 1962**

**1. PLACE OF DEATH**

a. COUNTY

**Washington**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Richwoods**

Length of stay in 1b

**life**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **2 mi south of Richwoods**

Inside Limits

Yes ☐ No ☒

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE

**Mo.**

b. COUNTY

**Wash.**

c. CITY  
OR TOWN **Richwoods**

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

**2 mi south of Richwoods**

Reside on Farm

Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First

Middle

Last

**Carl**

**NMN**

**Emily**

**4. DATE OF DEATH**

Month

Day

Year

**March**

**21**

**1962**

**5. SEX**

**Male**

**6. COLOR OR RACE**

**White**

**7. Married**

Never Married ☒

Widowed ☐

Divorced ☐

**8. DATE OF BIRTH**

**5-12-1908**

**9. AGE (last birthday)**

**54**

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

**Timber worker**

**10b. KIND OF BUSINESS OR INDUSTRY**

**Timber**

**11. BIRTHPLACE (City and state or country)**

**Richwoods, Missouri**

**12. CITIZEN OF WHAT COUNTRY**

**USA**

**13a. FATHER'S NAME**

**Griffin A. Emily**

**13b. MOTHER'S MAIDEN NAME**

**Alice Pratte**

**14. NAME OF HUSBAND OR WIFE**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**  
(Yes, no, or unknown) (If yes, give war or dates of service)

**yes**

**WW-2**

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**

Address

**Willis Emily Richwoods, Missouri**

**18. CAUSE OF DEATH (Enter only one cause per line)**  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

**Coronary Occlusion**

**INTERVAL BETWEEN ONSET AND DEATH**

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes

☐ No

☐ Unknown

**19. WAS AUTOPSY PERFORMED?**  
YES ☐ NO ☒

**20a. ACCIDENT SUICIDE HOMICIDE**

☐

☐

☐

**20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)**

**20c. TIME OF INJURY**

Hour

a.m.

p.m.

Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK**  
☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)**

**20f. CITY, TOWN, OR LOCATION**

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and, last saw him alive on \_\_\_\_\_

Death occurred at **3-21-62- 12:30 P.** m, on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

(Degree or title)

**22b. ADDRESS**

**22c. DATE SIGNED**

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

**23b. DATE**

**23c. NAME OF CEMETERY OR CREMATORY**

**23d. LOCATION (City, town, or county)**

(State)

**Burial**

**3-25-1962**

**Horine Cemetery**

**Richwoods, Missouri**

**24. FUNERAL DIRECTOR**

ADDRESS

**Donald Sparks**

**Potosi, Missouri**

**25. DATE RECD. BY LOCAL REG.**

**26. REGISTRAR'S SIGNATURE**

**3/24/62**

**W. L. Renda**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1/100

2/1002

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94201

10

11

1290-3

131-0

APR 6 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Ronald Sparks*

Licensed Embalmer No. 4819

P. O. Address Potosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.